

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <b><i>Application</i></b>		Application Number	10/518,737
Address to: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450		Filing Date	07/30/2005
		First Named Inventor	Andrew J. Gallant
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	2868-001-1A

<p>Please change the Correspondence Address for the above-identified application to:</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px;">27820</span> <span style="margin-left: 20px;">→</span> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <i>Place Customer Number Bar Code Label here</i> </div> </div> <p><i>Type Customer Number here</i></p> <p><b>OR</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 90%;">Firm or Individual Name</td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">ZIP</td> <td></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td></td> <td style="text-align: center;">Fax</td> <td></td> </tr> </table>				<input type="checkbox"/>	Firm or Individual Name	Address		Address		City	State	ZIP		Country				Telephone		Fax	
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<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p>																					
<p>I am the :</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicant.</li> <li><input type="checkbox"/> Assignee of record of the entire interest.</li> <li><input type="checkbox"/> Certificate under 37 CFR 3.73(b) is enclosed.</li> <li><input checked="" type="checkbox"/> Attorney or agent of record, Reg. No. 40,876.</li> <li><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(e)(1). Registration Number _____</li> </ul>																					
Typed or Printed Name	Benjamin S. Withrow																				
Signature	/Benjamin S. Withrow/																				
Date	September 12, 2008																				
<p><b>NOTE:</b> Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>																					
<p><input type="checkbox"/> *Total of ___ forms are submitted.</p>																					

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, USPTO, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450